RS Care Homes Limited

Rose Farm

Inspection report

Main Street
Styrrup
Doncaster
South Yorkshire
DN11 8NB
Tel: 01302 744664
Website: www.rosefarmhome.co.uk

Date of inspection visit: 9 February 2016
Date of publication: 05/04/2016

Ratings

Overall rating for this service	Requires improvement
Is the service effective?	**Requires improvement**

Overall summary

We inspected this service on 9 February 2016. Rose Farm is run and managed by RS Care Homes Limited. The service provides accommodation and personal care for up to 54 older people and people with dementia. On the day of our inspection 44 people were using the service.

We carried out an unannounced comprehensive inspection of this service on 12 November 2015. Breaches of legal requirements were found. We issued a warning notice in relation to one of these breaches.

We undertook this focused inspection to confirm that the provider had met the requirements of the warning notice. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rose Farm on our website at www.cqc.org.uk.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the last inspection on 12 November, we asked the provider to take action to ensure that the principles of the Mental Capacity Act (MCA) were being adhered to. The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability.

We found that improvements had been made in relation to the service ensuring that people's rights were protected and the requirements of the MCA were being adhered to. Applications had been made to the appropriate authority if this was required under Deprivation of Liberty Safeguards (DoLS). DoLS protects

Summary of findings

the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during or next planned comprehensive inspection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

We found that action had been taken to improve the effectiveness of the service.

People were supported with decision making in the service and legislation which protected people's rights was being adhered to.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during or next planned comprehensive inspection.

Requires improvement

Rose Farm

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of Rose Farm on 9 February 2016. This inspection was carried out to check that improvements had been made to meet legal requirements following our comprehensive inspection on 12 November 2015. We inspected the service against one of the five questions we ask about services: is the service effective. This is because Rose Farm was not meeting some legal requirements and we had taken enforcement action which required the service to improve.

The inspection was undertaken by one inspector. During the inspection we spoke with four people who were living at the service and one person who was visiting their relation. We also spoke with the registered manager and two care workers. We looked at the care records of seven people who used the service as well as staff training records.

Requires improvement

Is the service effective?

Our findings

At the last inspection on 12 November 2015, we asked the provider to take action to ensure that they obtained consent from people in relation to the care they received. This was because the principles of the Mental Capacity Act 2005 (MCA) had not been consistently applied. This meant that people were not protected by legislation designed to ensure that their rights were protected and was a breach of regulation. On this inspection we found that decisions about people's care and treatment were being made in accordance with legislation and people's rights were protected and the provider was no longer in breach of regulation.

People we spoke with told us that they felt able to make their own decisions and that staff asked for consent before carrying out interventions. One person told us, "Oh yes, I am involved in decisions basically." Another person told us, "I am involved quite a bit [in decisions]" and said that people were able to make their own decisions about how they spent their day within the service.

During this inspection we found that improvements had been made to how people were supported to make decisions and protected under the MCA when they lacked capacity. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that people's capacity to make decisions in respect of the care they received was clearly documented. Capacity assessments had been carried out, in line with legislation, if there was a doubt that someone could provide consent as a result of illness or disability. We saw that capacity assessments were specific to different decisions, such as whether the person could provide consent for support with personal care, medication or to have bed rails in place. When the person was assessed as lacking capacity to make a decision, a decision had been made in the person's best interests following consultation with the person's family, if appropriate.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that applications had been made to the appropriate authority in the event that people were potentially being deprived of their liberty. We found that where a Deprivation of Liberty had been authorised, the service was meeting the conditions of authorisation.

We accessed records which evidenced that staff had undertaken training in the MCA and the staff we spoke with were able to describe the principles of the legislation and discuss what they would need to consider to make a decision on someone's behalf. For example, one staff member told us that the MCA was about involving people in their care as much as possible, even if they lacked capacity, to ensure that decisions are made in their best interests.